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| <b>FEE TRANSMITTAL</b><br>for FY 2003<br><small>Effective 01/01/2003. Patent fees are subject to annual revision.</small> |  | <b>Complete if Known</b> |                |
|   |  | Application Number       | 09/393,616     |
| <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27  |  | Filing Date              | 9/10/1999      |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | First Named Inventor     | Webster et al. |
|   |  | Examiner Name            | George Eng     |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | Art Unit                 | 2643           |
|   |  | Attorney Docket No.      | 00CON114P-CIP2 |

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Technology Center 2600

| <b>METHOD OF PAYMENT (check all that apply)</b>   |              | <b>FEE CALCULATION (continued)</b> |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
|---|--------------|------------------------------------|--------------|--|----------|-----------------|----------|------|------|-----|-----|------------------------|--|------|------|-----|-----|-----------------------------------|--|------|------|-----|-----|---------------------------------------|--|------|------|-----|-----|---|--|------|------|-----|----|---|--|---|--|--|--|--------------|--------------|----------|----------|-----------------|----------|------|------|-----|----|-------------------------------------|--|------|------|----|----|--|--|------|------|-----|-----|---------------------------|--|------|------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|------|-----|----|--|--|------|------|-----|-----|---|--|------|------|-----|-----|--|--|------|------|-------|-----|---|--|------|------|-------|-----|--|--|------|------|-----|-----|------------------|--|------|------|-----|-----|--|--|------|------|-----|-----|--------------------------|--|------|------|-------|-------|---|--|------|------|-----|----|----------------------------------|--|------|------|-------|-----|------------------------------------|--|------|------|-------|-----|--------------------------------|--|------|------|-----|-----|------------------|--|------|------|-----|-----|-----------------|--|------|------|-----|-----|-------------------------------|--|------|------|----|----|-------------------------------------|--|------|------|-----|-----|---|--------|------|------|----|----|--|--|------|------|-----|-----|---|--|------|------|-----|-----|--|--|------|------|-----|-----|---|--|------|------|-----|-----|---|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| <input checked="" type="checkbox"/> Deposit Account   |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| Deposit Account Number: 50-0731   |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| Deposit Account Name: Farjami & Farjami LLP   |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| The Commissioner is authorized to: (check all that apply)   |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments  |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| <b>FEE CALCULATION</b>  |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| <b>1. BASIC FILING FEE</b>  |              | <b>3. ADDITIONAL FEES</b>          |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>750</td><td>375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>2002</td><td>330</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>520</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>750</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table>   |              | Large Entity                       | Small Entity | Fee Code   | Fee (\$) | Fee Description | Fee Paid | 1001 | 2001 | 750 | 375 | Utility filing fee     |  | 1002 | 2002 | 330 | 165 | Design filing fee                 |  | 1003 | 2003 | 520 | 260 | Plant filing fee                      |  | 1004 | 2004 | 750 | 375 | Reissue filing fee                                |  | 1005 | 2005 | 160 | 80 | Provisional filing fee                                    |  | <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1051</td><td>2051</td><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>2052</td><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>1053</td><td>2053</td><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>2251</td><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>2252</td><td>410</td><td>205</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>2253</td><td>930</td><td>465</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>2254</td><td>1,450</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2255</td><td>1,970</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>2401</td><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>2402</td><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>2403</td><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>2451</td><td>1,510</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>2452</td><td>110</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>2453</td><td>1,300</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>2501</td><td>1,300</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>2502</td><td>470</td><td>235</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>2503</td><td>630</td><td>315</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>2460</td><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>2807</td><td>50</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>2806</td><td>180</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>180.00</td></tr><tr><td>8021</td><td>8021</td><td>40</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>2809</td><td>750</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>2810</td><td>750</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>2801</td><td>750</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>2802</td><td>900</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr></tbody></table> |  |  |  | Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | 1051 | 2051 | 130 | 65 | Surcharge - late filing fee or oath |  | 1052 | 2052 | 50 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 2053 | 130 | 130 | Non-English specification |  | 1812 | 2520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 2251 | 110 | 55 | Extension for reply within first month |  | 1252 | 2252 | 410 | 205 | Extension for reply within second month |  | 1253 | 2253 | 930 | 465 | Extension for reply within third month |  | 1254 | 2254 | 1,450 | 725 | Extension for reply within fourth month |  | 1255 | 2255 | 1,970 | 985 | Extension for reply within fifth month |  | 1401 | 2401 | 320 | 160 | Notice of Appeal |  | 1402 | 2402 | 320 | 160 | Filing a brief in support of an appeal |  | 1403 | 2403 | 280 | 140 | Request for oral hearing |  | 1451 | 2451 | 1,510 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 2452 | 110 | 55 | Petition to revive - unavoidable |  | 1453 | 2453 | 1,300 | 650 | Petition to revive - unintentional |  | 1501 | 2501 | 1,300 | 650 | Utility issue fee (or reissue) |  | 1502 | 2502 | 470 | 235 | Design issue fee |  | 1503 | 2503 | 630 | 315 | Plant issue fee |  | 1460 | 2460 | 130 | 130 | Petitions to the Commissioner |  | 1807 | 2807 | 50 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 2806 | 180 | 180 | Submission of Information Disclosure Stmt | 180.00 | 8021 | 8021 | 40 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 2809 | 750 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 2810 | 750 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 2801 | 750 | 375 | Request for Continued Examination (RCE) |  | 1802 | 2802 | 900 | 900 | Request for expedited examination of a design application |  |
| Large Entity  | Small Entity | Fee Code                           | Fee (\$)     | Fee Description  | Fee Paid |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1001  | 2001         | 750                                | 375          | Utility filing fee   |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1002  | 2002         | 330                                | 165          | Design filing fee  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1003  | 2003         | 520                                | 260          | Plant filing fee   |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1004  | 2004         | 750                                | 375          | Reissue filing fee   |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1005  | 2005         | 160                                | 80           | Provisional filing fee   |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| Large Entity  | Small Entity | Fee Code                           | Fee (\$)     | Fee Description  | Fee Paid |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1051  | 2051         | 130                                | 65           | Surcharge - late filing fee or oath  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1052  | 2052         | 50                                 | 25           | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1053  | 2053         | 130                                | 130          | Non-English specification  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1812  | 2520         | 1812                               | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1804  | 920*         | 1804                               | 920*         | Requesting publication of SIR prior to Examiner action                     |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1805  | 1,840*       | 1805                               | 1,840*       | Requesting publication of SIR after Examiner action                        |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1251  | 2251         | 110                                | 55           | Extension for reply within first month                                     |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1252  | 2252         | 410                                | 205          | Extension for reply within second month                                    |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1253  | 2253         | 930                                | 465          | Extension for reply within third month                                     |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1254  | 2254         | 1,450                              | 725          | Extension for reply within fourth month                                    |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1255  | 2255         | 1,970                              | 985          | Extension for reply within fifth month                                     |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1401  | 2401         | 320                                | 160          | Notice of Appeal   |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1402  | 2402         | 320                                | 160          | Filing a brief in support of an appeal                                     |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1403  | 2403         | 280                                | 140          | Request for oral hearing   |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1451  | 2451         | 1,510                              | 1,510        | Petition to institute a public use proceeding                              |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1452  | 2452         | 110                                | 55           | Petition to revive - unavoidable   |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1453  | 2453         | 1,300                              | 650          | Petition to revive - unintentional   |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1501  | 2501         | 1,300                              | 650          | Utility issue fee (or reissue)   |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1502  | 2502         | 470                                | 235          | Design issue fee   |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1503  | 2503         | 630                                | 315          | Plant issue fee  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1460  | 2460         | 130                                | 130          | Petitions to the Commissioner  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1807  | 2807         | 50                                 | 50           | Processing fee under 37 CFR 1.17(q)  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1806  | 2806         | 180                                | 180          | Submission of Information Disclosure Stmt                                  | 180.00   |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 8021  | 8021         | 40                                 | 40           | Recording each patent assignment per property (times number of properties) |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1809  | 2809         | 750                                | 375          | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1810  | 2810         | 750                                | 375          | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1801  | 2801         | 750                                | 375          | Request for Continued Examination (RCE)                                    |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1802  | 2802         | 900                                | 900          | Request for expedited examination of a design application                  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| SUBTOTAL (1) (\$)   |              | SUBTOTAL (3) (\$180.00)            |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>  |              | Other fee (specify) _____          |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| Total Claims: 20** =  |              | *Reduced by Basic Filing Fee Paid  |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| Independent Claims: 3** =   |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| Multiple Dependent: =   |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>2202</td><td>18</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>2201</td><td>84</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>2203</td><td>280</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>2204</td><td>84</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>2205</td><td>18</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |              | Large Entity                       | Small Entity | Fee Code   | Fee (\$) | Fee Description | Fee Paid | 1202 | 2202 | 18  | 9   | Claims in excess of 20 |  | 1201 | 2201 | 84  | 42  | Independent claims in excess of 3 |  | 1203 | 2203 | 280 | 140 | Multiple dependent claim, if not paid |  | 1204 | 2204 | 84  | 42  | **Reissue independent claims over original patent |  | 1205 | 2205 | 18  | 9  | **Reissue claims in excess of 20 and over original patent |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| Large Entity  | Small Entity | Fee Code                           | Fee (\$)     | Fee Description  | Fee Paid |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1202  | 2202         | 18                                 | 9            | Claims in excess of 20   |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1201  | 2201         | 84                                 | 42           | Independent claims in excess of 3  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1203  | 2203         | 280                                | 140          | Multiple dependent claim, if not paid                                      |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1204  | 2204         | 84                                 | 42           | **Reissue independent claims over original patent                          |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
| 1205  | 2205         | 18                                 | 9            | **Reissue claims in excess of 20 and over original patent                  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |
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| ** or number previously paid, if greater; For Reissues, see above   |              |                                    |              |  |          |                 |          |      |      |     |     |                        |  |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |   |  |      |      |     |    |   |  |   |  |  |  |              |              |          |          |                 |          |      |      |     |    |                                     |  |      |      |    |    |  |  |      |      |     |     |                           |  |      |      |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |      |     |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |       |     |   |  |      |      |       |     |  |  |      |      |     |     |                  |  |      |      |     |     |  |  |      |      |     |     |                          |  |      |      |       |       |   |  |      |      |     |    |                                  |  |      |      |       |     |                                    |  |      |      |       |     |                                |  |      |      |     |     |                  |  |      |      |     |     |                 |  |      |      |     |     |                               |  |      |      |    |    |                                     |  |      |      |     |     |   |        |      |      |    |    |  |  |      |      |     |     |   |  |      |      |     |     |  |  |      |      |     |     |   |  |      |      |     |     |   |  |

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| Name (Print/Type)   | Farshad Farjami, Esq. | Registration No. (Attorney/Agent) | 41014          |
| Signature           |                       | Telephone                         | (949) 784-4600 |
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|   | Filing Date          | September 10, 1999     |                |
|   | First Named Inventor | Andrew Webster         |                |
|   | Art Unit             | 2643                   |                |
|   | Examiner Name        | George Eng             |                |
| Total Number of Pages in This Submission  | 177                  | Attorney Docket Number | 00CON114P-CIP2 |

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